Board of Addiction and Prevention Professionals (BAPP)

3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

Web: www.dss.sd.gov/behavioralhealthservices/licensing/boards

APPLICATION FOR COUNSELOR TRAINEE RECOGNITION OR COUNSELOR TRAINEE RENEWAL

INITIAL COUNSELOR TRAINEE RECOGNITION: Applicants must have a minimum of a high school diploma or general education diploma (GED). High school and/or college transcripts must be submitted with your initial trainee recognition application (unofficial transcripts are acceptable at this time). The initial recognition fee is prorated at a rate of \$12.50 per month from the month of the application to the last day of the month of your birth. Please calculate the fee beginning with the month of application to the last day of the month of your birth. Example: If an individual applies for trainee recognition in June and has a birth month of December, the payment would be \$87.50 (\$12.50 x 7).

COUNSELOR TRAINEE RENEWAL: After the initial recognition period, Trainees will renew their recognition annually in their birth month. The annual renewal fee is \$100.00 and must be received in the BAPP Administrative Office (or postmarked) by the last day of your birth month. You will be sent a renewal notice and invoice the month prior to your renewal date.

FOR TRAINEE STATUS: Complete the application in its entirety; do not leave information blank or attach separate sheets indicating "see attached". Return the application with the required fee (see above) to: BAPP, 3101 West 41st Street, Suite 205, Sioux Falls, SD 57105. Counselor Trainees must be supervised by a qualified addiction professional (CCDC II or CCDC III) throughout the entire recognition period. The supervisor cannot be a relative of the trainee. Trainees who continue to work without trainee status will be reported to the Ethics Committee. Therefore, it is imperative you renew your trainee status prior to the expiration date on your certificate.

Trainees must complete nine (9) semester hours of the following course work within their first two (2) years of trainee recognition:

- Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
 OR
 - Introduction to the Study of Drug Use and Abuse (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Ethics for the Chemical Dependency Professional (3 semester hours)

Trainee Recognition status will be granted for up to five (5) years. Trainees must meet all requirements for a minimum of CCDC I certification by the end of their 5-year recognition period and at the time of application for certification.

Trainees will need to submit twenty (20) hours of approved continuing education every two (2) years. This means you will have to begin obtaining continuing education at a rate of ten (10) hours per year. The BAPP will collect continuing education in your birth month of even-numbered years. Please refer to the standards manual and check with your supervisor for guidance on continuing education procedures and approval.

If for any reason your supervision or work experience ends or is interrupted, please contact the BAPP Administrative Office to place your Trainee Recognition on inactive status. This will prevent your time from running out prior to the completion of all academic and experience requirements. Trainee Recognition can be reactivated at any time by completing a Trainee Renewal Application and paying the appropriate fee.

Applicants shall be denied status if convicted of, pled guilty or no contest to, and/or received a suspended imposition of sentence for a felony offense within 5 years of the date of application. All sentencing requirements must be completed or satisfied prior to the date of application.

The BAPP is required to comply with SDCL 25-7A-56 which is a prohibition against the issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted Trainee Recognition, Certification or Recertification until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual's name is cleared via monthly written reports from that office.

If you have any questions or need additional information, please feel free to contact the BAPP Administrative Office.

Application for Counselor Trainee Status

A check or money order must accompany this application.

CHECK ONE:				
	olication for initial Tra	ainee Recognition r high school transcripts	s.)	
П Арр	plication for Trainee 1	Renewal		
PERSONAL DATA:				
Name:				
First	Middle	Last	Maiden	
Home Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		
Work Phone:		Work Fax:		
Email:				
Social Security #:		Birth Date:		
CURRENT EMPLOY	MENT:			
Agency Name:				
Agency Mailing Address	ss:			
City:		State:	Zip:	
Job Title:				
Name of CCDC Superv	visor:			
STATISTICAL INFO	RMATION: (This info	rmation is used for statis	stical purposes only.)	
Gender: Fem Male			African American American Indian Asian/Pacific Islander Caucasian Hispanic/Latino	
			Other:	

Educational and Academic Data

High School Attended:						
Date of Graduation:						
GED:	GED:Date:					
Where Issued:						
COLLEGE/UNIVERSITY (List all post secondary institutions attended):						
Name of Institution	City, State	Degree(s) Earned or Pursuing (AA, BA, MA etc.)	Date or Expected Date Conferred	Major Course of Study		

SPECIALIZED EDUCATION DOCUMENTATION:

List all completed specialized educational courses. All courses must equal 3 or more semester credits and earn a "C" grade or higher.

Requirement	Name of College or University	Prefix - Course Number	Name of Course	Credit Hours	Term Taken	Grade
Example	FSU	HS 212	Study of Alcohol	3	Fall 2012	В
Intro to Alcohol Use						
and Abuse						
Intro to Drug Use						
and Abuse						
Foundations of	_					
Individual Counseling						
Alcohol & Drug						
Group Counseling						
Alcohol & Drug						
Treatment Continuum						
Professional Ethics						
for the CD Counselor						
Counseling Families						
with Alcohol or Other						
Drug Issues						
Cultural	_					
Competency OR					<u> </u>	
Special Populations						
CD-Specific Elective						

^{*}Within two years of achieving Trainee Recognition status, you must submit proof of completion of 9 semester hours in: Intro to Alcohol Use or Intro to Drug Use (3); Group Counseling (3); and, Ethics (3).

Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Chemical Dependency Counselors, Certified Prevention Specialists, Trainees, Interns, and individuals in the process of applying for certification. The Board of Addiction and Prevention Professionals (BAPP) believes that all people have rights and responsibilities through every stage of human development. The goal of the BAPP is for addiction professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles:

- 1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
- 2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
- 3. That at all time, I shall maintain a professional relationship with clients.
- 4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
- 5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
- 6. That I shall not in any way discriminate against clients or other professionals.
- 7. That I shall respect the rights and views of other professionals and clients.
- 8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
- 9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
- 10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
- 11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
- 12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
- 13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
- 14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

I understand and subscribe to the preceding professional cocwill be grounds for disciplinary action and sanctions.	le of ethics and understand that any violation of the principles
By checking this box, I hereby attest that I have Standards of Practice of the Board of Addiction	read and will comply with the 2004 Codes of Ethics and and Prevention Professionals.
The Codes of Ethics can be viewed and/or printed at:	

Authorization and Release of Information

I hereby attest that I have not been convicted of, plead guilty to, or plead no contest to, any felony, or to any crime involving moral turpitude or like offense, including any crimes of offenses where imposition of sentence was suspended.

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal must be disclosed to the Board of Addiction and Prevention Professionals (Board), and that this information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse certification, recertification, trainee recognition, trainee renewal, or student internship status.

I hereby understand that my obligation to disclose whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal includes any crimes or offenses where imposition of sentence was suspended.

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as and any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny, suspend, or revoke certification, trainee recognition, or student internship status and may result in administrative, civil, or criminal legal action.

I hereby certify that the information contained herein is correct and true, and that I have read and completely understand the Authorization and Release of Information.

Please print your name below as you would like it to appear on your certificate.

Printed name:	 	
Signature of Trainee		

Statement of Felony Charges

All felony charges must be disclosed to the Board of Addiction and Prevention Professionals. Felony charges include being convicted of, pleading guilty to, or pleading no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal and includes any crimes or offenses where imposition of sentence was suspended. Failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse certification, recertification, trainee recognition, trainee renewal, or student internship status.

I have had felony charges filed against me.	Yes No	
If you answered 'yes', please provide detailed information	on below:	
Date charges were filed:		
The Disposition:		
The Sentence or Fine:		
State why you feel this felony charge does not affect you dependency or prevention specialist field:	r ability to effectively work in the	ne chemical
Signature of Trainee		

Supervision Data

The Clinical Supervisor must complete this page and the 'Clinical Supervisor Code of Ethics' page. The Supervisor must be at the level of CCDC II or CCDC III.

PERSONAL DATA:

Name:				
First	Middle	Last		Maiden
Home Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		
Work Phone:		Work Fax:		
Email:				
CURRENT EMPLOYMENT:				
Agency Name:				
Agency Mailing Address:				
City:		State:	Zip:	
Job Title:				
CERTIFICATION(S):				
CCDC Level:		Certificate Nu	mber:	
CPS:		Certificate Nu	mber:	
EDUCATION/EXPERIENCE:				
Educational Level:				
Years of Experience in the field: _				
Years of Experience in Clinical Su	pervision.			

Clinical Supervisor Code of Ethics

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical Supervisors shall uphold the Professional Code of Ethics for Addiction Professionals in addition to this Clinical Supervisor Code of Ethics. Clinical supervision embraces a potential ethical vulnerability; therefore clinical supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

The Clinical Supervisor Professional Code of Ethical Conduct is derived from the above ethical principals and is designed to help ensure that Counselor Trainees receive the supervision necessary for professional development. Clinical Supervisors have a responsibility to adhere to the following professional code:

- 1. That I have a commitment to provide the highest quality of clinical supervision to advance the welfare of the trainees and their clients. I shall respect the rights of those persons seeking supervision and make reasonable efforts to ensure that my services are used appropriately.
- 2. That I shall maintain professional relationships and not exploit the trust and dependency of Trainees and colleagues. I shall not enter into dual relationships that result in ethical compromise or conflict of interest.
- 3. That I shall be willing, when it is in the best interest of the Trainee, to release or refer them to another program or supervisor.
- 4. That I shall protect the unique confidentiality concerns, abide by 42 CFR 2, and state laws, within the parameters of supervision.
- 5. That I shall respect and guard confidences of trainees and restrict disclosure of information for professional purposes with regard for agency personnel policies and existing laws and regulations.
- 6. That I shall maintain those records necessary to provide an accurate assessment of the trainees' abilities and training needs and to record that supervision has been provided in accordance with the BAPP policies and procedures, and the administrative rules and laws of South Dakota. I shall limit my supervisory documentation or verification of information to that which was completed under my direct supervision.
- 7. That I shall alert the appropriate individuals and authorities to conditions that may be disruptive or damaging.
- 8. That I shall respect the dignity and protect the rights and welfare of participants in research. I shall maintain the federal and state laws and regulations, and professional standards governing the conduct of research.
- 9. That I shall disclose financial arrangements and any fee structure to trainees and agencies in such a way as to be reasonably understandable and in conformance with accepted professional practices.
- 10. That I shall accurately represent my professional education, training and qualifications to trainees and agencies to enable an informed selection of professional services.
- 11. That I shall have a commitment to maintain a professional level of knowledge and competence through ongoing education and training in clinical supervision.

I affirm, understand and will adhere to the preceding professional code of ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions in accordance with BAPP policies and procedures as outlined in the Standards Manual and the laws of the State of South Dakota. I understand that ethical violations can result in disciplinary actions and sanctions prohibiting any further clinical supervision of Trainees recognized by the BAPP and/or my certification as a Certified Chemical Dependency Counselor.

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The Codes of Ethics can be viewed application will not be processed in	-		•
Signature of Supervisor		Date	